

1. Position(s) Applied For		2. Date of Application	
3. Name (Last, First, Middle)		4. Social Security Number Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
5. Home Phone No. () Other Phone No. () Name of Person to Contact	6. Mailing Address City State Zip Code Street Address		
7. Tribe Affiliation	8. Tribal Enrollment #	9. Birthday Month Day Year	
10. Driver's License Number	11. Type Speed (rate)	12. Were you previously employed by the Ute Indian Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
13. List any other education, training, special skills or certificates / licenses that you posses related to this job (Instead of other office skills). _____ _____			
14. Have you ever been discharged or forced to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain fully on separate sheet).			
15. Have you ever been convicted of violating any Civil or Criminal Law other than traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please explain fully on separate sheet).			
16. TYPE OF EMPLOYMENT (Check <u>all</u> you will accept) Permanent: A. <input type="checkbox"/> Full – Time B. <input type="checkbox"/> Part – Time Temporary C. <input type="checkbox"/> Full – Time D. <input type="checkbox"/> Part – Time E. <input type="checkbox"/> On – call (Temporary – scheduled as needed) F. <input type="checkbox"/> Seasonal (Yearly rush periods of varying length		17. SHIFT (Check <u>all</u> you will accept) A. <input type="checkbox"/> Day B. <input type="checkbox"/> Evening C. <input type="checkbox"/> Night D. <input type="checkbox"/> Rotating E. <input type="checkbox"/> Weekends	
		18. If you are fluent in a Language other than English, Please specify: _____ 19. May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Are you able to perform the duties of the job for which you are applying with or without an accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

21. High School Diploma / GED? ☐ Yes ☐ No

If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

(Attach all transcripts and certificates of completion.)

College, Business, or Trade School Attended			Amounts of Credits Earned	Degree (B.S., B.A., M.A. etc.)
Years Attended	Name of School	Course of Study		
			Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Hrs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____
			Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Hrs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____

22. Describe any honors you have received?

23. State any additional information you feel may be helpful to us in considering your application _____

24. **LICENSES:** Indicate name, type and number of license, registration or certification and the state where issued (include driver's licenses).

25. Do you have any experience, training, qualifications or skills which you feel make you especially suited for work with the Ute Indian Tribe? If so, explain:

26. MILITARY RECORD:

Military Status: _____ Branch of Service _____

List any special training received in the Armed Forces: _____

Type of Discharge _____

Are you now in the Reserves or National Guard? ☐ Yes ☐ No If yes, which Branch of Service? _____

27. List all equipment you can operate:

28. Directions: Beginning with your present of most recent experience and working background, LIST YOUR WORK RECORD FOR THE LAST 10 YEARS. If jobs held prior to 10 years ago relate to the position you are applying for, list those also. If more than one position has been held with the same organization (including employment with the Ute Indian Tribe or military service), list each separately. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. If you are attaching a resume you must also fill in all the blanks on this application.

A. Company Name and Phone Number:

Company Address:

Your Title:

Supervisor's Name and Phone Number:

From: _____
Month Year

To: _____
Month Year

Check one : ☐ Full- Time
☐ Part -Time

Hours worked per Week:

Duties: _____

If you supervised employees, please indicate number and type (e.g., Clerical, technical, etc): _____

Reason for leaving: _____

B. Company Name and Phone Number:

Company Address:

Your Title:

Supervisor's Name and Phone Number:

From: _____
Month Year

To: _____
Month Year

Check one : ☐ Full- Time
☐ Part -Time

Hours worked per Week:

Duties: _____

If you supervised employees, please indicate number and type (e.g., Clerical, technical, etc): _____

Reason for leaving: _____

C. Company Name and Phone Number:

Company Address:

Your Title:

Supervisor's Name and Phone Number:

From: _____
Month Year

To: _____
Month Year

Check one : ☐ Full- Time
☐ Part -Time

Hours worked per Week:

Duties: _____

If you supervised employees, please indicate number and type (e.g., Clerical, technical, etc): _____

Reason for leaving: _____

29. **REFERENCES** (List name, address / phone number of three (3) persons not related to you whom you have known for at least one year):

Name	Address	Years	Business

30. **In case of Emergency Please Notify:**

Name: _____ Relationship: _____

Address: _____

Home Phone () _____ Business Phone: () _____

CERTIFICATE OF APPLICANT (Carefully read before signing)

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of fact in this application is cause for disqualification of the application and/or separation from employment.

Applicant _____ Date _____

FOR OFFICE USE ONLY

Date received _____

Date of Interview for job: _____

Position: _____

Comments: _____

Additional Requirement:

Valid State Driver's License with proof of driving record for the past 36 months, required to qualify for a Tribal Driving permit.

PROOF OF DRIVING RECORD MUST BE SUBMITTED WITH APPLICATION

Note: Tribal Preference will be exercised